C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

February 5, 2009

Merinda Halladay, Administrator Belmont Care Center 3625 Vaughn Street Pocatello, Idaho 83204

RE: Belmont Care Center, provider #13G046

Dear Ms. Halladay:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Belmont Care Center, on January 29, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of

Merinda Halladay, Administrator February 5, 2009 Page 2 of 2

correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 18, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/li

Enclosures

Printed: 02/05/2009 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
	··	13G046		B. WING		01/2	9/2009
	ROVIDER OR SUPPLIER		3625 V	RESS, CITY, ST. AUGHN ST ELLO, ID 8			
(X4) ID PREFIX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCE CY MUST BE PRECEEDED B R LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
K 000	INITIAL COMMEN	ITS		K 000			
•	with a daylight bas first story (i.e., gro an exit to finished secondary exiting The facility is fully 15 beds. The facility 15 beds. The facility is forth in the Life Sa Chapter 33, Existi Occupancy, Impra The survey was c 483.470. The following defi fire/life safety survey. The annual fire/life by:	te story, Type V(III) storement. Residents slound level). The base grade level as well as capability via internal sprinklered and is lictlifty was surveyed in a ediffe safety requirementated for the conducted under 42 Circlinary Residential Board actical Evacuation Ca onducted under 42 Circlinary Conducted under 42 Circlinary 29, 20 ciencies were cited divey on January 29, 20 e safety survey was conducted under 42 Circlinary 29, 20 e safety survey 29, 20	eep on the ment has s stairwell. ensed for accordance ents set on, and Care pability. FR		RECEIT FEB 18 %	2009	
	Taylor Barkley Health Facility Su Facility Fire/Life S	rveyor Safety and Construction	on Program				
K0020	483.470(j)(1)(i) LI STANDARD	FE SAFETY CODE		K0020			
	barriers, with all of smoke-actuated a doors having a fir to that required for with 7.2.2.5.3. The escape is arrange the occupants to story by construct hour fire resistant	enclosed with ½ hour penings equipped with automatic closing or see protection rating coor the enclosure. Staine entire primary meaned so that it is not necessary and pass from all spaces the tion having not less the cerating. In buildings	th self-closing mparable rs comply ins of sessary for on that han a ½ s of	CMATURE	TITLE		(X6) DATE
LABORATO		OVIDER/SUPPLIER REPRES	DENTATIVE'S SI 7	SIVATURE .	administ	sato	2/17/0

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING 02 B. WING 13G046 01/29/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3625 VAUGHN ST BELMONT CARE CENTER POCATELLO, ID 83204 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K0020 K0020 Continued From page 1 construction other than Type II (000), Type III (200), or Type V (000), the supporting POC K0020 construction is protected to afford the required 483.470(j)(1)(i) fire resistance rating of the supported wall. Life Safety Code Standard 33.2.2.4. Adjustments will be made to the tension of Exception No. 1: Stairs that connect a story at the stairwell doors. In addition, the door street level to only one other story are permitted handles will be replaced. This should ensure to be open to the story that is not at street level. the doors latch each time they are closed. Exception No. 2: Stair enclosures are not New adjustable self-closing hinges were required in buildings of three or fewer stories that purchased and ready to be installed on the house prompt or slow evacuation capability dumbwaiter shaft doors. These self-closing facilities protected throughout by an approved hinges will ensure that the doors do not automatic sprinkler system in accordance with remain open and close all the way when 33.2.3.5 that uses quick response or residential released from the open position. sprinklers. This exception is permitted only if a primary means of escape from each sleeping Person Responsible: Maintenance, Home area still exists that does not pass through a Supervisor and Administrator portion of a lower floor, unless that route is separated from all spaces on that floor by Monitor: Maintenance will complete a biconstruction having a 1/2 hour fire resistance monthly Fire Life Safety checklist of the rating. facility to ensure the hinges remain selfclosing and all fire doors are closing Exception No. 3: Stair enclosures are not properly. Doors, hinges and handles will be required in buildings of two or fewer stories that replaced when needed. Monthly the Fire house prompt evacuation capability facilities with Life Safety checklists will be discussed in not more than eight residents and are protected Safety Meetings to ensure compliance with by an approved automatic sprinkler system in all rules and regulations. Quarterly the accordance with 33.2.3.5 that uses Administrator will complete environmental quick-response or residential sprinklers. audits with maintenance and the home Exception No. 2 to 33.2.2.3 is not used in supervisor. conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception. Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	MBER:	(X2) MULTIPI A. BUILDING B. WING		(X3) DATE S COMPLI	
	ROVIDER OR SUPPLIER		STREET ADD	 RESS, CITY, ST AUGHN ST ELLO, ID 8	TATE, ZIP CODE	0112	
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K0020	33.2.3.5, stairs are top most story only escape of which the from all portions of the state of t	e permitted to be oper y. The entire primary in he stairs are a part is f lower stairs. are protected so as n means of escape. Vesidered protected if se is in accordance with ge of smoke from one s of escape on anoth have a fire resistance our. Any doors or open in are capable of resistance of minutes. 32.3.1.7	ot to rtical eparated 8.2.4 that e story to er story. rating of nings to sting fire 1,	K0020			
	(1.) Based on obs both the upper an not self close wh position. This defi spread fire and sr of a fire in the faci	not met as evidenced servation it was deter d lower stairwell door ien released from the ciency has the potent moke to both levels in the lility.	rmined that s would open ial to				
	9:25 ÅM, it was of or lower doors to The findings were	tour on January 29, 2 bserved that neither the the stairwell would se observed and noted ctor and surveyor.	he upper If close.				

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
		13G046		B. WING			9/2009	
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K0020	Continued From p	age 3		K0020				
	neither the upper a doors would self cl open position. This	ervation it was deter and lower dumbwaiter ose when released from the deficiency has the periode to both levels in action ity.	shaft om the otential to					
	Findings include:		L pupo comme					
	9:28 AM, it was ob or lower doors to the close. The findings	our on January 29, 2 served that neither the he dumbwaiter shaft s were observed and se director and survey	ne upper would self noted by	***************************************				
	conducted on Feb submitted on Febr Administrator state replaced so the du	eficiency cited during ruary 6, 2008. The Po uary 28, 2008, the ed that the hinges we ambwaiter shaft doors h, with a completion o	oc re s would					
K0021	483.470(j)(1)(i) LIF STANDARD	FE SAFETY CODE		K0021				
	expose a primary opening are consismoke partitions in prevent the passa any primary mean Smoke partitions I not less than ½ ho	are protected so as r means of escape. V dered protected if se n accordance with 8.3 ge of smoke from on is of escape on anoth have a fire resistance our. Any doors or oping are capable of resi	ertical parated by 2.4 that e story to er story. e rating of enings to					

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	(X2) MULTIPLE CONSTRUCTION		RVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING		COMPLET	
		13G046		B. WING		01/29	/2009
	ROVIDER OR SUPPLIER	<u> </u>	3625 VA	RESS, CITY, ST AUGHN ST ELLO, ID 8	ATE, ZIP CODE		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K0021	Continued From page 4 for not less than 20 minutes. 32.2.3.1.1, 33.2.3.1.1 Exception: Stairs are permitted to be open where complying with Exception no. 2 or Exception No. 3 to 32.2.2.4, 33.2.2.4.		K0021	POC K0021 483.470(j)(1)(i) Life Safety Code Stands The ceiling in the furnace repaired with 3M fire retained w	e room will be ardant foam. This al to spread fire and	,	
	Based on observations a hole approximate size in it. This definings and size in it. This definition of a fire in the findings include: During the facility 9:20 AM, it was obtained on the lower approximately tentit. The findings were	his Standard is not met as evidenced by: ased on observation it was determined that the eiling in the furnace room on the lower level has hole approximately ten inches by ten inches in ize in it. This deficiency has the potential to pread fire and smoke to the upper level in the vent of a fire in the furnace room. Person Responsible: Maintenance, Ho Supervisor and Administrator Monitor: Maintenance will complete a monthly Fire Life Safety checklist of the facility to ensure there are no vertical openings between floors. Monthly the I Life Safety checklists will be discussed Safety Meetings to ensure compliance w				will complete a bi- checklist of the re no vertical . Monthly the Fire ll be discussed in re compliance with Quarterly the olete environmental	3/29/69
K0056	PROMPT Where an automore for either total or system is in account accordance with	FE SAFETY CODE atic sprinkler system partial building covers rdance with Section strivates the fire alarm 33.2.3.4.1. The adec ocumented to the aut	age, the 9.7, system in luacy of the	K0056			

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 13G046 01/29/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3625 VAUGHN ST BELMONT CARE CENTER POCATELLO, ID 83204 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX DATE PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K0056 K0056 Continued From page 5 having jurisdiction. Exception No. 1: In prompt evacuation facilities, POC K0056 an automatic sprinkler system in accordance with 483.470(j)(1)(i) NFPA 13D, Standard for the Installation of Life Safety Code Standard Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Sprinkler system inspections were Automatic sprinklers are not required in closets completed on 1/29/09 following the survey. not exceeding 24 sq. ft. and in bathrooms not The tags were updated and new reports on exceeding 55 sq. ft., provided that such spaces file. The company that inspects the are finished with lath and plaster or materials sprinkles was given update information on providing a 15 minute thermal barrier. who to contact for annual reviews. Maintenance will also complete an annual Exception No. 2: Not applicable checklist of inspections that need to be completed. Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler Person Responsible: Maintenance, Home system is in accordance with NFPA 13, Standard Supervisor and Administrator for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets Monitor: Monthly the Fire Life Safety not exceeding 24 sq. ft and in bathrooms not checklists will be discussed in Safety exceeding 55 sq. ft., provided that such spaces Meetings to ensure compliance with all rules are finished with lath and plaster or material and regulations. In addition, there will be providing a 15 minute thermal barrier. discussion on inspections that are coming up or needed within the month. Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. Exception No. 5: Not applicable Exception No. 6: Initiation of the fire alarm system is not required for existing installations in

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accordance with 33.2.3.5.5.

Where an automatic sprinkler system is installed,

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		13G046	3	B. WING		01/2	29/2009
	ROVIDER OR SUPPLIEF		3625 VA	RESS, CITY, ST AUGHN ST ELLO, ID 8	TATE, ZIP CODE 33204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		3Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K0056	for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is in accordance with IMPRACTICAL Where an autom for either total or system is a condition or system is an accordance w	partial building coveral produce with Section 9 alarm system in accordequacy of the water of the authority having juri. Not Applicable Not Applicable In prompt and slow everal water of the water and automatic produce with NFPA 13 and for Sprinkler Systems are not required in the sq. ft. and in bathroom, ft., provided that such lath and plaster or mainute thermal barrier. In prompt and slow everal produce with Installation of Sprinkler sup to and Installation of Sprinkler sup to and I deight, are permitted. Not Applicable Initiation of the fire alar existing installations	dance with supply is sdiction. vacuation sprinkler standard s, closets ms not a spaces aterial vacuation four stories NFPA 13R, er Systems noluding arm system in is installed, age, the 9.7 and ordance with supply is	K0056			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIP A. BUILDING	LE CONSTRUCTION 6 02	COMPL	
		13G046		B. WING		01/2	9/2009
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K0056	Exception No. 1: No. 2: Ir evacuation capabilisprinkler system in Standard for the Inin One and Two Famous Manufactured Honsupply, is permitted closets are sprinkled not required in batter ft., provided that so lath and plaster or minute thermal bate Exception No. 3: No. 2: No. 3: No. 3: No. 3: No. 4: No. 4: No. 5: It capability facilities in height, systems Standard for the Irin Residential Occipion Stories in Helphabitable areas and Automatic sprinkled bathrooms not exception No. 6: It is not required for accordance with 3: No. 6: It is not required for accordance wit	lot Applicable. In slow and impractical lity facilities, an auton accordance with NF installation of Sprinkler amily Dwellings and mes, with a 30 minute d. All habitable areas ered. Automatic sprinthrooms not exceedin uch spaces are finish materials providing a rrier. Not Applicable. Not Applicable. In impractical evacuat up to and including form accordance with Nestallation of Sprinkle supancies up to and Installation of Sprinkles are not required in ceeding 55 sq. ft., profinished with lath and g a 15 minute thermal initiation of the fire ala existing installations	natic PA 13D, Systems water and klers are g 55 sq. ed with 115 ion our stories IFPA 13R, r Systems ncluding kll ered. iovided that plaster or il barrier. irm system in	K0056			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		13G046	;	B. WING		01/2	29/2009
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K0056	Based on observation determined that the the automatic spring annually inspected. The annual inspect of the system in the Findings include: During record review of the inspection report respondence on the sprinkler riser continuous and the sprinkler riser	tion and record review e facility failed to ensinkler system was being in accordance with the system was being to ensure the system of a fire in the system of a fire in the system of the tagging and the system of the tagging and the system of the system of the tagging and the system of the tagging and the system of the system of the system of the tagging and the system of the tagging and the system of the tagging and the system of the system of the tagging and the system of	ure that ng NFPA 25. reliability e facility. 009 at 9:16 system November g on the e served	K0056			
K0152	quarterly for each varied conditions (i) Ensure that all trained to perform (ii) Ensure that all familiar with the usuand disaster plans (2) The facility mu (i) Actually evacuadrill each year on (ii) Make special periodic clients with physic (iii) File a report a (iv) Investigate all	ds evacuation drills a shift of personnel an to - personnel on all shift: assigned tasks; personnel on all shift se of the facility's em s and procedures. est - ate clients during at le each shift; provisions for the eva	d under s are ts are ergency east one cuation of h drill: uation drills,	K0152			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION 02	(X3) DATE SU COMPLET	
•		13G046	;	B. WING		01/29	/2009 .
			STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
	ROVIDER OR SUPPLIER		1	AUGHN ST	•		
BELMON	IT CARE CENTER			ELLO, ID	33204		
			<u> </u>		PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	3Y FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE
K0152	and (v) During fire drills a safe area in facil Care Occupancies Code. (3) Facilities must paragraphs (i) (1)	rage 9 s, clients may be eva- ities certified under the Chapter of the Life S meet the requirement and (2) of this section aff that they utilize.	ne Health Safety hts of	K0152	POC K0152 483.470(j)(1)(i) Life Safety Code Stand Belmont will ensure that are completed and documented the documented the standard for the st	t quarterly fire drills mented. The fire d on the Care ure that Belmont is ls, a drill will be run h until they can be	
	Based on record	not met as evidenced eview it was determined hold evacuation drill shift. In the event of sills help to ensure the ed and react according. July 1997 1998 1999 1999 1999 1999 1999 1999	ned that Is at least an at staff on agly for the 009 at 9:15 have any rth quarter the third at hese		Person Responsible: M Supervisor, Home Supe Administrator Monitor: The Mainten home supervisors will r quarterly. They will co the Kiosks. Reports wi and checked by the Adr the drills were run.	nance Supervisor and un the fire drills mplete the drills on ll be pulled monthly	3/29/09
K0211	o Where Alcohol dispensers are in is at least 6 feet v	FE SAFETY CODE Based Hand Rub (Ale stalled in a corridor, to vide individual fluid disper	the corridor	K0211			•

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUM		A. BUILDING		COMPLE	
		13G046		B. WING		01/29	/2009
	ROVIDER OR SUPPLIER		3625 V	RESS, CITY, S AUGHN ST ELLO, ID			è
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCI CY MUST BE PRECEEDED B R LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K0211	capacity shall be rooms) o The dispensers from each other o Not more than 1 smoke compartme o Dispensers are an ignition source o If the floor is car sprinklered. 19 460.72, 482.41, 4 This Standard is Based on observate facility failed to en Rub Dispensers wignition source. In dispenser this deficient a fire of a fire findings include: During the facility 9:19 AM it was obtained rub dispensered the findings were standard to the findings were standard	1.2 liters (2 liters in su have a minimum space 0 gallons are used in ent outside a storage not installed over or a	a single cabinet. djacent to fully 418.100, 523 by: d that the sed Hand we an from the tial to re.	K0211	POC K0211 483.470(j)(1)(i) Life Safety Code Standard The hand rub dispenser was rethe wall and placed in a difference of the new location is not above source. Person Responsible: Mainter Supervisor and Administrator Monitor: Bi-monthly the Massupervisor will complete the land rub requirements have be Monthly the Fire Life Safety of be discussed in Safety Meetin compliance with all rules and	any ignition any ignition nance, Home intenance Fire Life alcohol based een followed. checklists will gs to ensure	1/29/69

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 01/29/2009 13G046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3625 VAUGHN ST **BELMONT CARE CENTER** POCATELLO, ID 83204 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 16.03.11 Inital Comments M 000 M 000 The facility is a one story, Type V(III) structure with a daylight basement. Residents sleep on RECEIVED the first story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting capability via internal stairwell. FEB 18 2009 The facility is fully sprinklered and is licensed for 15 beds. The survey was conducted in accordance with applicable fire/life safety FACILITY STANDARDS requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The following deficiencies were cited during the **POC MM 324** fire/life safety survey on January 29, 2009. 16.03.11.110.02(e) Wastebaskets The annual fire/life safety survey was conducted by: All plastic wastebaskets in sleeping rooms were replaced with noncombustible Taylor Barkley material. These wastebaskets are in line Health Facility Surveyor with the requirements for this regulation. Facility Fire/Life Safety and Construction Replacement wastebaskets were also Program purchased to ensure plastic was not put back in the sleeping rooms. 16.03.11.110.02(e) Wastebaskets MM324 MM324 Person Responsible: Maintenance, Home All wastebaskets must be of noncombustible or Supervisor, and Administrator other approved materials. This Rule is not met as evidenced by: Monitor: Maintenance will complete a bi-Based on observation it was determined that all monthly Fire Life Safety checklist of the sleeping rooms contained wastebaskets that facility to ensure the wastebaskets remain were not made of noncombustible material. This noncombustible. Monthly the Fire Life deficiency has the potential to add to the fire load Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and not help contain a fire if one is started in the and regulations. Quarterly the wastebasket. Administrator will complete environmental audits with maintenance and the home Findings include: supervisor. During the facility tour on January 29, 2009 between 9:33 AM and 9:45 AM, it was observed LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ministrator

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PRINTED: 02/05/2009 FORM APPROVED

Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 01/29/2009 13G046 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3625 VAUGHN ST **BELMONT CARE CENTER** POCATELLO, ID 83204 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) Continued From Page 1 MM324 MM324 that the sleeping rooms contained wastebaskets that were not made of noncombustible material. The findings were observed and noted by facility maintenance director and surveyor. This is a repeat deficiency cited during the survey conducted on March 8, 2007. 16.03.11.110.02(h) Emergency Electrical Service MM327 MM327 **POC MM 327** Each facility must provide emergency electrical 16.03.11.110.02(h) service for at least the exit passageway lighting. **Emergency Electrical Service** hall lighting, and the fire alarm system. This Rule is not met as evidenced by: The emergency lighting units in the Based on observation, it was determined that the hallways, stairwells and entrances was facility had not ensured that all emergency corrected. Bulbs in the exit light in the electrical lighting would illuminate upon test. upper and basement hallway were replaced Lack of emergency lighting would potentially to ensure appropriate lighting. Bi-monthly provide for a difficult evacuation of the building in facility inspections and testing of the lights the dark. will be completed. The findings include: Person Responsible: Maintenance, Home Supervisor, Administrator Observation on January 29, 2009 between the hours of 9:17 and 9:35 AM, disclosed that Monitor: Maintenance will complete a biemergency lighting was not functioning upon monthly Fire Life Safety checklist of the pressing of the test button. The units were not facility to ensure the emergency lighting is functioning in the following locations: at hallway functioning properly. Monthly the Fire Life rear entrance (exit light), by the entrance to the Safety checklists will be discussed in Safety stairwell on the lower level, and in the upper Meetings to ensure compliance with all rules hallway. The findings were observed and noted and regulations. Quarterly the by facility maintenance director and surveyor. Administrator will complete environmental audits with maintenance and the home This is a repeat deficiency cited during the supervisor. survey conducted on February 6, 2008.